

216006565  
82251

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

2	Total Number of Vehicles	Local No./ District 65	Agency Case No. B6-011828	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/10/2016		TIME OF ACCIDENT 2120	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2123	02/10/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 21 Kst.		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING			
V1/M	21 Kst.					
03	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
01	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
E	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	H12692528		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	DRIVER		PHONE	LOCAL NO.		
2	ASHLEY N OBERG		308-340-0883			
V2/N	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	06/21/1985	
2	2030 B ST APT 4, LINCOLN, NE 68502					
G	OWNER		PHONE	LOCAL NO.		
3	ASHLEY N OBERG		308-340-0883			
G	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB504764	
3	2030 B #4, LINCOLN, NE 68502					
H	LICENSE PLATE	PA NO.	GREBO	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
5	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
V1/O	2014	Jeep	COMPASS	Medium/large	silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 4000
3	VEHICLE ID NO. (VIN)	1C4NJDBB4ED567594		INSURANCE COMPANY	ALLIED	
V2/O	TOWED TO	TOWED BY		POLICY NO.		
3	101 CHARLESTON	CAPITAL TOWING		PPCM0031596032-3		
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	G02138310		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER		PHONE	LOCAL NO.		
1	GERALD D JAMES		402-617-6838			
V2/P	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	07/17/1972	
1	5036 SOUTHWOOD CIR, LINCOLN, NE 68512					
J	OWNER		PHONE	LOCAL NO.		
01	GERALD D JAMES		402-617-6838			
J	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	
01	5036 SOUTHWOOD CIR, LINCOLN, NE 68512					
V1/Q	LICENSE PLATE	PA NO.	SSW141	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
1	2000	Chevrolet	K1S	Medium/large	black	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 5000
1	VEHICLE ID NO. (VIN)	3GNFK16T7YG196965		INSURANCE COMPANY	PROGRESSIVE	
K	TOWED TO	TOWED BY		POLICY NO.		
02	101 CHARLESTON	CAPITAL TOWING		11832669		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. #	NAME	ADDRESS			Seat Position	Eject
2	GERALD D JAMES	5036 SOUTHWOOD CIR, LINCOLN, NE 68512		07/17/1972	01	1
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
		BryanLGH Medical Center West (Lincoln General)		Lincoln Fire & Rescue		
VEH. #	NAME	ADDRESS			Body Region	Injury Sev.
2	SOPHIE JAMES	5036 SOUTHWOOD CIR, LINCOLN, NE 68512		05/05/2003	03	1
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
		BryanLGH Medical Center West (Lincoln General)		Lincoln Fire & Rescue		
VEH. #	NAME	ADDRESS			Body Region	Injury Sev.
2	ALANZA LUSSIER	1511 ATLAS AVE, LINCOLN, NE 68521		07/07/2004	07	1
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
		BryanLGH Medical Center West (Lincoln General)		Lincoln Fire & Rescue		

# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

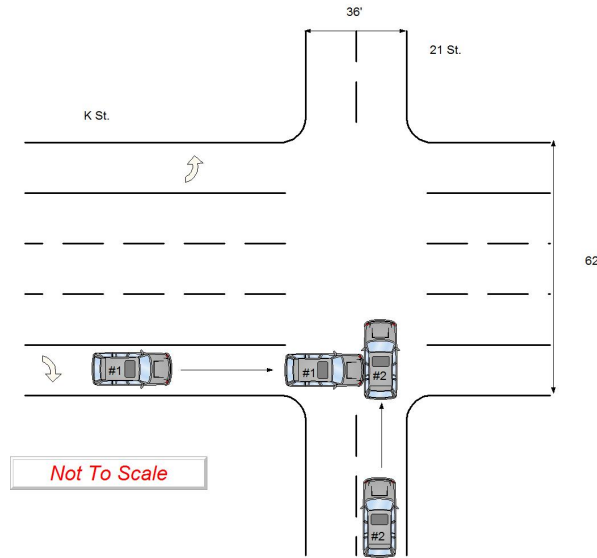
AGENCY CASE NO.  
B6-011828



Indicate  
North  
by Arrow



POI - 7' N of S curb of K St. / 15' W of E curb of 21 St.



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver #2 stated he was northbound on 21st. crossing K St. when his vehicle was struck by vehicle #1. Driver #2 stated his traffic light was green. Driver #1 stated she was eastbound on K St. in the turn lane about to make a right turn when she remembered she had to take her friend home. Driver #1 stated she proceeded eastbound on K St. and violated the red traffic light. When she did she collided with vehicle #2. The witness obs. vehicle #1 violate the red traffic light. She stated she was behind vehicle #1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME RACHEL GEHRINGER 1027 S 26TH #2, LINCOLN, NE 68510				PHONE 402-658-5725
	NAME				PHONE
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1
VEH NO.	N S E W ROAD OR HIGHWAY NAME				
1	X K			4	2
2	X 21			4	2
1	01				
2	01				
01 Essentially straight ahead		00 None		1 None used - vehicle occupant	
02 Backing		09 Top & windows		2 Lap & shoulder belt used	
03 Changing lanes		10 Undercarriage		3 Shoulder belt only used	
04 Overtaking/ Passing		11 Total (all areas)		4 Lap belt only used	
05 Turning right		12 Other		5 Child safety seat used	
13 Unknown				6 Child booster seat used	
				7 DOT approved helmet used	
				8 Costume helmet used	
				9 Restraint use unknown	
TROOP/ TEAM/ BEAT 5		DEPARTMENT Lincoln Police Department		TOTAL OCCUPANTS	
OFFICER NO. 1358				VEH 1 2 VEH 2 4	
INVESTIGATOR NAME (Print or Type) Brad Hulse		INVESTIGATOR SIGNATURE Approved by Officer Brad Hulse		ALCOHOL TESTING	
				Driver No. 1 Driver No. 2 Pedestrian	
				Y Y Y	
				N X N X N	
				ALCOHOL LEVEL TESTED	
				BAC LEVEL	
				ALCOHOL/ DRUGS SUSPECTED	
				Driver No. 1 Driver No. 2	
				1 1	
				1 Neither alcohol nor drugs suspected	
				2 Yes - alcohol suspected	
				3 Yes - drugs suspected	
				4 Yes - alcohol & drugs suspected	
				5 Unknown	
				Photographs taken? YES NO	
				DATE OF REPORT 02/10/2016	



# ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate  
North  
by Arrow

AGENCY CASE NO.

B6-011828

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1358		TROOP/ TEAM/ BEAT 5		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Brad Hulse			INVESTIGATOR SIGNATURE Approved by Officer Brad Hulse		DATE OF REPORT 02/10/2016